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RILEY BOYLE

v.

LEGACY HEALTH PLAN NO. 504, LEGACY HEALTH, and
PACIFICSOURCE HEALTH PLANS

File Name: disc_rec_PS_002997_2017.02.03_Phone
Call_Boyle.wav

1 TOM: Customer service. This is Tom.
2 How can I help you?

3 JOSIE BOYLE: Hi, Tom. My name is
4 Josie and I am a member of PacificSource. And
5 I'm wondering about inpatient -- residential
6 treatment for my daughter and how that works.

7 TOM: Sure. Let's take a look. I'll
8 get you guys pulled up here. Josie, do you
9 happen to have your member ID handy?

10 JOSIE BOYLE: I do, yeah. 200498139.

11 TOM: 139. Here we go. And actually
12 I'll just pull it up under your daughter, so I've
13 got her up. Can I get her name and date of
14 birth.

15 JOSIE BOYLE: Riley Boyle, 8/15/2000.

16 TOM: And what address should I show
17 for you guys?

18 JOSIE BOYLE: 7015 Southeast 16th
19 Avenue, Portland, Oregon 97202.

20 TOM: Excellent. Thank you. Okay. So
21 let's get the plan loaded up. The main thing
22 with this is actually going to be network status.
23 With most of the benefits on the employee plan,
24 we've got coverage for in-network providers, but
25 we, you know, don't have coverage for out-of-

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1 network.

2 JOSIE BOYLE: Mm hmm.

3 TOM: As far as the benefit itself --
4 and we'll check to see if there's any specific
5 exclusions or authorization requirements,
6 anything like that.

7 JOSIE BOYLE: Mm hm.

8 TOM: But basically what we're looking
9 at is coverage at 80 percent of the allowed
10 amount and then 20 percent co-insurance.

11 JOSIE BOYLE: Mm hmm.

12 TOM: And that's, you know, again,
13 something that you'll really see, like, kind of
14 across the board on, you know, most of the, most
15 of the benefit levels on the plan. I do show --
16 I do show kind of our basic exclusions that are
17 up front on the mental health benefits at all
18 levels for the Legacy plan.

19 JOSIE BOYLE: Mm hm.

20 TOM: It shows coverage for autism,
21 obsessive-compulsive and related disorders,
22 marriage counseling, sexual dysfunction and/or
23 deviations. Those are the standard exclusions.

24 JOSIE BOYLE: Mm hmm.

25 TOM: And the other thing that it pops

1 up for me here is that an authorization would be
2 required. Most of the facilities are aware of
3 that and it's a pretty easy thing for them. If
4 you guys, you know, pick one or contact one, they
5 would be able to reach out and get the
6 authorization in place.

7 JOSIE BOYLE: Mm hmm.

8 TOM: And, certainly the, you know, the
9 20 percent piece that ends up being the patient
10 responsibility, it does count towards the out-of-
11 pocket maximum. That's \$2,000 for the calendar
12 year. And, you know, co-insurance percentages,
13 that counts towards it. If there's any benefits
14 -- this one doesn't have a co-pay, but any
15 benefits that do have a co-pay, that counts
16 towards that as well.

17 JOSIE BOYLE: Mm hmm.

18 TOM: And once that out-of-pocket max
19 is hit, then for covered in-network services past
20 that point, there's no -- there's no cost-
21 sharing, there's no more, you know, patient
22 responsibility left over at that point. So
23 that's kind of a failsafe, you know, if costs,
24 like, climb if, you know, the worst-case
25 scenario, that does cut off that responsibility

1 at some point.

2 But as of today, I just have -- a
3 little bit under a hundred dollars towards that,
4 so there's still, you know, a good chunk of that
5 remaining.

6 JOSIE BOYLE: Yeah, no worries about
7 that. Um...uh...I'm just wondering, like there's
8 not much in Oregon inside of our network. But --
9 well, I don't know how to look up treatment
10 facilities. I can look up individual providers.
11 But the facilities I'm looking at are in
12 California, so I don't know (indiscernible).

13 TOM: Right. Well, and, you know,
14 we'll look at it together because I'm going to
15 pull up the directory with you because my hunch
16 is that if we kind of change things up a little
17 bit there's -- under that category setting, if
18 you go a little bit further down the drop-down,
19 beyond, you know, the provider section you were
20 in where it shows mental and behavioral health
21 providers, if you go all the way down to the
22 bottom there's --

23 JOSIE BOYLE: Let me make sure I'm in
24 the right space. What is the -- Is it
25 intouch.pacificsource.com? Is that where I'm

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1 supposed to be?

2 TOM: You can be logged in to InTouch.
3 You don't have to be. You can actually just go
4 to pacificsource.com/legacy, the public site, the
5 Legacy landing page for the employees. There's
6 actually a link to the directory there as well.

7 JOSIE BOYLE: Okay. It says, "not
8 found." Let's see. It should be
9 pacificsource\legacy, is that what you're saying?

10 TOM: pacificsource.com/legacy.

11 JOSIE BOYLE: .com. Okay.

12 TOM: Yeah, and it should -- it should
13 take you --

14 JOSIE BOYLE: Okay.

15 TOM: -- there's like a couple of
16 people, like, jogging up at the top or something.

17 JOSIE BOYLE: Yeah, yeah.

18 TOM: So, the first big section of text
19 in the body below that, you'll see, like, you
20 know, find a provider, provider directory,
21 something like that.

22 JOSIE BOYLE: Mm hmm.

23 TOM: And there's a link that actually
24 takes you to the directory. We're not going to
25 move it or anything, so, you know, you can always

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1 bookmark it. But this is where I always kind of
2 start from when folks call in.

3 JOSIE BOYLE: Mm hmm.

4 TOM: Now, I'm filling in -- I'm going
5 to center it around your address. And, you know,
6 be optimistic. Like, maybe if we change up the
7 search, we'll actually have some results in the
8 area.

9 JOSIE BOYLE: Mm hm.

10 TOM: But that first drop-down, like
11 the third row down, where you're actually, like,
12 selecting a specialty category, I think you were
13 up in the mental and behavioral health providers
14 in the first section because it's broken up with
15 all the, you know, the actual people, the
16 practitioner types up top, and then facility
17 categories below that. So instead of the mental
18 behavioral health providers, if you scroll all
19 the way down towards the bottom, there's a mental
20 and behavioral health facility section.

21 JOSIE BOYLE: In the specialty category
22 thing?

23 TOM: Yeah. Under the category
24 dropdown, exactly. And then once you've selected
25 the category, if you further wanted to narrow it

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1 down, the specialty box to the right of that --

2 JOSIE BOYLE: Mm hmm.

3 TOM: -- it's contextual, so it changes
4 based on the category you've got selected and it
5 -- it actually, you know, offers mental health
6 facility, mental health/chemical dependency
7 treatment center and psychiatric hospital.

8 Because we're kind of coming at it with
9 little luck on your last search, I would maybe
10 just leave that alone and just keep it at the
11 mental behavioral health facilities just under
12 the category.

13 JOSIE BOYLE: Mm hmm.

14 TOM: Just search that, see
15 what comes back -- hopefully... So, this -- this
16 actually, you know, 10 miles search radius
17 centered on your guys' address, I get 14 results
18 coming back. So I hope -- hopefully, it's a
19 better representation than the last time that you
20 tried it. RainRock Treatment Center is the
21 first; although, some of these, you know, again,
22 it might be something where we want to play with
23 the search and maybe do some of that narrowing.
24 I just kind of wanted to see what came back --

25 JOSIE BOYLE: Mm hmm.

1 TOM: -- as a whole if we're just
2 looking for a mental health facility and I
3 imagine RainRock Treatment is, you know, chemical
4 dependency.

5 But, again, we can kind of play with
6 this as needed. But any of these, you know, if
7 we narrow it down further or if we just go with
8 this list, anybody on this list would at least
9 be, you know, participating providers. So
10 assuming they had availability, the right kind
11 of, you know, treatment available and could get
12 her in, the people on this list would be good and
13 then, you know, you've actually got the benefit
14 with these guys, they're participating, so we
15 wouldn't have to worry about that piece of it.

16 JOSIE BOYLE: Okay. Um...and then if
17 none of these are appealing then?

18 TOM: Then, you know, we can -- we can
19 push the range out and see if anybody picks up.
20 There's a chance that if, you know, just view the
21 kind of care needed and what these places offer
22 that may be through, like, an authorization
23 request, you know, if her primary or an ordering
24 provider would do, like, an authorization request
25 and say, hey, you know, we've looked at the in-

1 network options. This is the type of care that
2 she needs. This is a facility that does it.
3 They're out-of-network, but we think, you know,
4 she needs care here and here's why, you know,
5 here's the medical history that breaks that down.

6 That authorization request basically
7 gets treated like any other authorization request
8 like you might need for a surgery or an MRI. The
9 health services department, the folks
10 specifically -- the behavioral health nurse case
11 managers basically look at that and even though
12 Legacy is, you know, pretty strict about the
13 network that they've got built, we've got the,
14 you know, gatekeeper status to be able to, you
15 know, look at those authorization requests and,
16 you know, maybe approve out-of-network services
17 that would otherwise not be covered.

18 So, you know, I would, you know, look
19 at the search results here, maybe check in with
20 some of these places, push the search range out,
21 see maybe if there's somebody further afield. I
22 mean, I only had mine set to 10 miles. So there
23 could be folks in-network that are just a little
24 bit further outside the metro area.

25 JOSIE BOYLE: I did a hundred miles,

1 there's not much.

2 TOM: Okay. Okay. So it's still
3 hitting on the same stuff. And I think a lot of
4 that is --

5 JOSIE BOYLE: Yeah.

6 TOM: -- that just because it's -- it
7 is really stuff kind of close in to town. But if
8 none of those work, then that would be the next
9 step to say basically, all right, this is a plan,
10 it doesn't have out-of-network coverage, we've
11 looked at the network options, you know, we'd
12 like -- we'd like to see if we can get out-of-
13 network coverage considered for this and here's
14 why.

15 So if it comes down to it, that
16 authorization request is kind of the other step
17 there because really the way they've got this
18 plan built, outside of an authorization like
19 that, we're pretty locked in and limited to the
20 panel that they've got built. And I know we have
21 been trying to kind of nominate and suggest
22 providers to them, but we've gotten feedback --
23 in customer service, we've gotten feedback from
24 the provider network department, I guess,
25 Legacy's kind of closed down the panels.

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1 So, you know, it's like, what's there
2 is what's there. But through the authorization
3 process, we maybe have a way of uh...if this, you
4 know, fails to... So that's how you would get to
5 those listings. So, I mean, check with what's
6 there, but that's really it. What you're doing
7 is kind of what I wanted to walk you through, but
8 that's -- those are the results.

9 JOSIE BOYLE: Yeah, there's not much,
10 not much at all.

11 TOM: Yeah. I -- I don't know and I
12 think that that's one of those things too where
13 if you guys have, you know, providers suggesting
14 certain facilities because of certain backgrounds
15 or expertise and it's outside this list -- I know
16 -- I know I ran into one case where, you know, a
17 member was looking for a specific, you know,
18 needed to see a specific specialist, the workflow
19 involved with that authorization was, you know,
20 getting, like a second opinion from an in-network
21 provider.

22 But because we're talking about, like,
23 you know, residential treatment in a facility, I
24 don't know that they would raise to that. I
25 mean, hopefully, they would just be able to

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1 consider kind of the existing medical history and
2 things.

3 JOSIE BOYLE: Mm hmm.

4 TOM: But when it comes to that, that
5 workflow, again, it's pretty standard for a lot
6 of the providers that are involved. The same way
7 that one of these facilities might be used to
8 getting an authorization for residential
9 treatment anyway.

10 JOSIE BOYLE: Mm hm.

11 TOM: The added step of, you know,
12 authorize the residential treatment, but
13 authorize it with an out-of-network provider and
14 here's why. It's really not that different,
15 they're just adding a little bit of extra
16 information and context when they request it.
17 So, you know, still possibly doable, but I know
18 they're going to focus in on this stuff first.

19 JOSIE BOYLE: Yeah. Huh. Okay, so that
20 would be -- she's hospitalized right now, so
21 would that be started with her provider or is it
22 (indiscernible) I start?

23 TOM: No. I would reach out to the
24 provider. The authorization requests, those come
25 from the providers just because it requires,

1 like, chart notes and clinicals and stuff, so
2 they're usually the ones. So ,if there were like
3 an admitting physician or, you know, or ordering
4 provider that, you know, she has seen in the past
5 that kind of manages the care, I guess, that's --
6 that's probably the person I'd reach out to
7 about, you know, getting the authorization
8 request in for the residential side.

9 JOSIE BOYLE: Okay.

10 TOM: But, yeah, if they've got any
11 questions about that too, they can always call us
12 at the same number. We talk to providers all
13 day. We can actually, if it's something really
14 specialized, kind of beyond what we're
15 knowledgeable about --

16 JOSIE BOYLE: Mm hmm.

17 TOM: -- we can get them in touch with
18 the health services folks. So if that's
19 something that they want assistance with or need
20 help with, certainly I would encourage them to
21 call this same number as well.

22 JOSIE BOYLE: Okay. All right. Well,
23 I'll start working on it on my end and see where
24 we can get with this.

25 TOM: And I appreciate your time --

1 JOSIE BOYLE: Yeah. No. I appreciate
2 your explaining it to me. It's -- yeah, it's --
3 the -- our mental health insurance has always
4 been pretty lackluster except when you have to be
5 hospitalized and then it seems to cover great.

6 TOM: Yeah.

7 JOSIE BOYLE: So, I just wish there was
8 more --

9 TOM: Yeah.

10 JOSIE BOYLE: -- or that we can access
11 before hospitalization.

12 TOM: Yeah. I um...someday -- someday
13 it might change. I don't know. I -- I hope that
14 we're able to, you know, help with that as things
15 go on. But definitely just keep us posted, if
16 there's anything else, whether it's a provider
17 needing to check in or you guys need to follow up
18 on something, just let us know, okay?

19 JOSIE BOYLE: Okay. Sounds good.

20 TOM: All right. Thanks, Josie.

21 JOSIE BOYLE: All right. Thank you.

22 Bye.

23 TOM: Bye.

24

25

C E R T I F I C A T I O N

I, Sonya Ledanski Hyde, certify that the
foregoing transcript is a true and accurate
record of the proceedings.

Sonya M. Ledanski Hyde

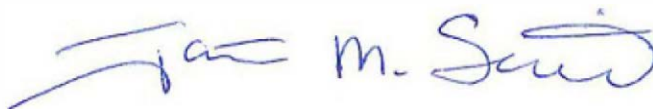
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Date: May 11, 2021

C E R T I F I C A T E

I, Janette M. Schmitt, a Certified Shorthand Reporter for Oregon, do hereby certify that after having listened to an audio recording, that Sonya Ledanski Hyde transcribed all testimony adduced and other oral proceedings had, and that thereafter her notes were reduced to typewriting under her direction; and that the foregoing transcript, pages 1 to 16, both inclusive, constitutes a full, true and accurate record of all such testimony adduced and oral proceedings had, and of the whole thereof.

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